

Exhibit A

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to USDA, OIRM, Clearance Officer, Room 404-W, Washington, DC 20250. When replying refer to the OMB Number and Form Number in your letter.

The Animal Welfare Regulations, Title 9, Subchapter A, Part II, Subpart C, Section 2.33 and Subpart D, Section 2.40 requires a Program of Veterinary Care.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANIMAL CARE

(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)

FORM APPROVED OMB NO. 0579-0036

OFFICE USE ONLY

DATE RECEIVED

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

A. LICENSEE/REGISTRANT		B. VETERINARIAN	
1. NAME <i>Connie S Casey</i>		1. NAME <i>Dr. Doug Pernikoff</i>	
2. BUSINESS NAME <i>Chimparty/Missouri Primate Snd.</i>		2. CLINIC <i>CLARKSON - WILSON Vet Clinic</i>	
3. USDA LICENSE/REGISTRATION NUMBER <i>43-C-0126</i>		3. STATE LICENSE NUMBER <i>134800</i>	
4. MAILING ADDRESS <i>12338 Hwy CC Festus MO 63028</i>		4. BUSINESS ADDRESS <i>#32 CLARKSON WILSON Centre</i>	
5. CITY, STATE AND ZIP CODE		5. CITY, STATE AND ZIP CODE <i>Chesterfield MO 63017</i>	
6. TELEPHONE NO. (Home) <i>636-931-8411</i>	TELEPHONE NO. (Business) <i>FX 636-937-8411</i>	6. TELEPHONE NO. (Business) <i>636-530-1808</i>	<i>FX 636-530-1352</i>

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care as required.

The attending veterinarian shall establish, maintain and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established and reviewed on an annual basis. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Program of Veterinary Care, and understand my responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: ANNUALLY (minimum annual).

C. SIGNATURE OF LICENSEE/REGISTRANT <i>Connie S Casey</i>		DATE <i>3-24-2008</i>
D. SIGNATURE OF VETERINARIAN <i>Doug Pernikoff</i>		DATE <i>3-27-08</i>

APHIS FORM 7002
(JUN 92)

CHECK IF N/A ☐

SECTION III. WILD AND EXOTIC ANIMALS

A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS (Enter N/A if not applicable)

CARNIVORES

HOOFED STOCK

PRIMATES

ELEPHANTS

MARINE MAMMALS

OTHER (Specify)

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

pyrethrin AS Needed - more frequent in summer

2. BLOOD PARASITES

3. INTESTINAL PARASITES

Ivermectin / Fenbendazole /
6 mo. intervals

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

HAVE cell # AND emergency contact #

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

Situations vary - From Netting / catching in net.
squeeze cage or live trap to tranquilizing with Blow Pipe or
Dart gun

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

☒ VETERINARIAN

☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

1 First anesthetize w/ blow dart or however is available (hard squeeze, etc)
2 Place IV catheter
3 Give Euthanasia barbiturate IV to effect

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

☒ Pest Control and Product Safety

☒ Quarantine Procedures

☒ Zoonoses

☐ Other (Specify)

☒ Environment Enhancement (Primates)

☐ Water Quality (Marine Mammals)

☐ Species-specific Behaviors

☒ Proper Storage and Handling of Drugs and Biologics

☒ Proper Use of Analgesics and Sedatives

F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS

Primates
AS Needed along with medical procedures that require
Tranquilization